Design Options: Studying Welcome Baby Implementation in the Best Start LA Communities

Ian Hill, Heather Sandstrom, Tim Triplett, and Embry Howell
Urban Institute

23 April 2014
Goals of an Implementation Study

1. Examine how implementation of Welcome Baby develops and changes over time, and the associated costs
2. Examine whether providers implement Welcome Baby in manner consistent with First 5 LA’s fidelity framework
3. Describe clients’ experiences receiving Welcome Baby
4. Examine who participates in Welcome Baby—their characteristics and risk profiles—and determine whether Welcome Baby is reaching its target population
5. Inform program improvement/mid-course corrections
Research Questions

1. How do organizational factors at provider sites affect Welcome Baby implementation?
2. What factors affect providers’ ability to reach fidelity with the Welcome Baby model?
3. How well has training and technical assistance built staff capacity to provide Welcome Baby?
4. To what extent do staff feel knowledgeable, skilled, positive and prepared to deliver Welcome Baby?
5. What are providers’ experiences in implementing Welcome Baby? (e.g., outreach, enrollment, risk assessment, engagement points, community referrals, supervision, etc.)
Research Questions (cont.)

6. What are participants’ experiences receiving Welcome Baby?

7. How are Welcome Baby providers, trainers/TA providers, and First 5 LA learning from one another?

8. What are the program-level costs of implementing Welcome Baby? How do costs change over time?

9. To what extent are Welcome Baby sites connecting with Best Start Community Partners?

10. What are the demographic characteristics of Welcome Baby participants, and do they differ from what was expected?
Design Options – Summary

Primary Data Collection

1. Case studies of implementation
2. Focus groups with Welcome Baby participants
3. Structured observations of service delivery
4. Surveys of Welcome Baby staff
5. Client satisfaction surveys
Design Options – Summary

Secondary Data Collection

1. Analysis of client characteristics and program fidelity using Stronger Families database
2. Analysis of hospital data records to determine program reach
3. Analysis of Welcome Baby costs
Study Design Options Involving Primary Data Collection
Primary Data Collection: Option 1: Case Studies

- To provide an understanding of design and implementation of Welcome Baby in the 14 communities
- To inform other evaluation findings
- Primary component:
  - Key informant interviews with program directors, clinical supervisors, providers, hospital administrators, community partners, First 5 LA staff
- Options
  - In-person interviews during site visits or by phone
  - Annually or twice per year
Primary Data Collection:
Option 2: Focus Groups with Clients

- To bring “voices” of consumers into evaluation
- To provide insights into experiences of mothers (and potentially partners) receiving Welcome Baby
- Conducted in English and Spanish
- Options
  - Could include current and/or former clients
  - Could occur once during evaluation, alternate years, or annually
  - Could involve clients across various Best Start sites
  - Could include Welcome Baby, Welcome Baby Lite, and Select Home Visiting clients
Primary Data Collection: Option 3: Structured Client Observations

- To better understand the content and methods of care delivered by providers, and to assess fidelity to model
- Options (depending on purpose/desired level of intensity)
  - Could occur once, or ongoing
  - Shadow several home visitors as part of case studies
  - Train field staff to conduct repeated observations (2-3/year)
  - Use validated tool (e.g., HOVRS; Roggman et al., 2008) or design new tool specific to Welcome Baby
  - Have Welcome Baby supervisors collect data during periodic staff performance reviews
  - Videotape observations (2-3/year)
Primary Data Collection: Option 4: Surveys of WB Staff

- To more systematically measure perspectives and experiences of program staff (compared to case studies)
- Options:
  - Could occur once, or ongoing
  - Could be sent to all staff
  - Self-administered to elicit more candid responses
  - Completed on-line or by mail; ~15 mins
  - Do phone-call reminders to sample of non-respondents to increase response rates
  - Initial survey used to make program adjustments
  - Second round to see how program is evolving
Primary Data Collection: Option 5. Client Satisfaction Survey

• To more systematically measure perspectives and experiences of clients (compared to focus groups)
• Options:
  - Could occur once or twice during evaluation
  - Self-administered to elicit candid responses
  - Completed on-line or by mail
  - Draw random sample with goal of 400 completes
  - Do phone-call reminders to sample of non-respondents to increase response rates
  - Possibly piggy-back satisfaction survey onto larger outcomes survey
  - Could be repeated to compare different cohorts
Study Design Options Involving Secondary Data Analysis
Secondary Data Analysis: Option 1: Analysis of Client Characteristics and Program Fidelity Using Stronger Families LA Database

- Database tracks history of each case from initial intake, to assignment to nurse/parent coach, to exit
- Includes all data collected on clients
  - Demographics, risk profiles, engagement points completed, referrals received, and scores on assessments
- On ongoing basis, could identify markers of program fidelity based on WB Fidelity Framework and track over time
  - e.g., caseload size, staff training, completion of engagement points, follow-up on referrals
Secondary Data Analysis: Option 2: Analysis of Hospital Data Records to Determine Program Reach

- In Year 1 or 2 of evaluation, to provide a strong indicator of whether or not WB is serving intended population (i.e., who does not participate)
- Could get aggregate data from hospital records on all women delivering babies in Best Start communities
- Could compare aggregate descriptive information about all births to information on home visiting participants
- Hospital records would likely include fields such as:
  - Mother’s age, father’s age, marital status, education level, employment status, whether first birth, any prenatal care, whether insured
Secondary Data Analysis: Option 3: Analysis of Welcome Baby Costs

- In Year 1 or 2 of evaluation, analyze all costs associated with WB, including start-up costs for a new site, and ongoing program operations.
- Could focus on determining what levels of intervention are most cost-effective.
- Considering differences in dosage received by clients, could provide some insight as to the optimal level of services that should be provided.
- Could be helpful in making staffing decisions.
- Could uncover unexpected costs, which in turn could lead to making more immediate adjustments.
Questions?